

STATEWIDE COALITION OF PRESIDENTS OF RESIDENT COUNCILS

Hello my name is Brian Capshaw and I live at the nursing home Aurora Senior Living of East Hartford. I'm submitting/testifying on behalf of the Statewide Coalition of Presidents of Resident Councils representing all 26,000 Connecticut nursing home residents, regarding H.B. 5322 An Act Concerning Nursing Home Facility Minimum Staffing Levels.

Co-chairs Senator Slossberg, Representative Abercrombie, ranking members Senator Markley and Representative Wood I'm honored to be here to discuss H.B. 5322. The bill as it stands changes the low staffing ratio law currently on the books of 1.9 hours per resident per day, second lowest in the United States behind Louisiana at 1.5 per day, to 2.7. This legislation was already run through the office of fiscal analysis and shows little cost to the state.

Nursing home staffing levels have not kept up with the times. Staffing levels that worked for nursing homes 40 years ago, when the 1.9 was established, no longer fit today's nursing home population. Basically today's residents require a higher acuity level of care and direct care per resident than in the past. This bill changes the hours per resident per day from 7:00 AM to 9:00 PM to 2.1 from 1.5, when for example more staff may be needed to assist with meal times and shower times. During the quiet hours 9:00 PM to 7:00 AM the hours per resident per day changes to .6 from .4 resulting in the change from 1.9 to 2.7.

We understand that state survey results, which the CMS website nursing home compare uses, shows that the majority of nursing homes in our state already exceed 2.7 hours of direct resident care per day and would be unaffected by this bill. We currently do not have enough data other than the two weeks obtained during the Department of Public Health annual survey. Currently we don't know what the staffing levels are on the week-ends or the non-survey window periods of time. The Affordable Care Act of 2010 includes a provision that would require nursing homes to provide actual payroll data to CMS, that would give us a more accurate picture of staffing, but congress on the federal level has not yet appropriated the funding to implement this provision of the Affordable Care Act.

Over the past 25 years, more than 100 research studies have documented the important relationship between nurse/aide staffing levels and outcomes of care. The benefits of higher staffing levels can include lower mortality rates; improved physical functioning; less antibiotic use; fewer pressure ulcers, catheterized residents, and urinary tract infections; lower hospitalization rates; and less weight loss and dehydration. Poor staffing levels are the single most important contributor to poor quality of nursing home care in the United States. Despite these well-established findings, there is no mandated minimum number of nurse and nurse aide hours per resident per day required at the federal level so it must be done at the state level.

In my nursing home, Aurora Senior Living of East Hartford, I chose dates before the department of public health survey in 2013, the ratios were as follows January 30th 2013 the HPRD was 2.74, February 27th 2013 2.67 and March 27th 2013 2.77. On March 30th 2013 the department of public health finished their

annual survey of our facility and they were cited for understaffing. It should not have taken DPH to tell them they were understaffing. This bill will help.

The legislation is not seen as a cure-all, but is an important first step in addressing the problem of understaffing in nursing homes. Nursing home residents deserve the improvements this bill would supply.

I'd like to thank the committee for bringing forth this proposal, especially Senator Slossberg, Senator Markey and Representative Abercrombie who spent the time to sit with me and work on this important piece of legislation.